

CIA INTERNAL USE ONLY  
SECRET  
(When Filled In)

| PERSONALITY (201) FILE REQUEST <i>Refused</i>  |  |   |  |                                     |                   |                                    |  |  |  |
|--|--|---|--|-------------------------------------|-------------------|------------------------------------|--|--|--|
| TO RI/ANALYSIS SECTION   |  |   |  | DATE <i>Dec 59</i>                  |                   | ACTION                             |  |  |  |
| FROM <i>Refused 201 EE</i>   |  |   |  | ROOM NO.                            |                   | TELEPHONE <i>2231</i>              |  |  |  |
| <p><b>INSTRUCTIONS:</b> Form must be typed or printed in block letters.</p> <p><b>SECTION I:</b> List 201 number, name and identifying data in the spaces provided. All known aliases and variants (including maiden name, if applicable) must be listed. If the identifying data varies with the alias used, a separate form must be used. Write UNKNOWN for items you are unable to complete.</p> <p><b>SECTION II:</b> List cryptonym or pseudonym, if assigned. If true name is sensitive, obtain 201 number from 201 Control Desk and complete Section I and Section III. On a separate form, enter the 201 number and complete Section II and Section III. Submit each form separately.</p> <p><b>SECTION III:</b> To be completed in all cases.</p> |  |   |  |                                     |                   |                                    |  |  |  |
| SECTION I  |  |   |  |                                     |                   |                                    |  |  |  |
| SENSITIVE <input checked="" type="checkbox"/>  |  | 1. SOURCE DOCUMENT  |  | TO BE                               |                   |                                    |  |  |  |
| NONSENSITIVE <input type="checkbox"/>  |  | NAME (Last) <i>VASVARY</i> (First) <i>JOSEF</i> (Middle) <i></i> (Title) <i></i> (Sex) <i>M</i> |  | 3.                                  |                   |                                    |  |  |  |
| TYPE NAME 2. (Last) <i></i> (First) <i></i> (Middle) <i></i> (Title) <i></i> (Sex) <i></i>   |  | NAME VARIANT <i></i>  |  |                                     |                   |                                    |  |  |  |
| REQUESTOR COPY   |  |   |  |                                     |                   |                                    |  |  |  |
| DESTROYED UPON RECEIPT   |  |   |  |                                     |                   |                                    |  |  |  |
| OF MACHINE LISTING   |  |   |  |                                     |                   |                                    |  |  |  |
| SECTION II   |  |   |  |                                     |                   |                                    |  |  |  |
| PHOTO 4. YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>   |  | BIRTH DATE 5. <i>31/10/1918</i>   |  | COUNTRY OF BIRTH 6. <i>Hungary</i>  |                   | CITY OR TOWN OF BIRTH 7. <i></i>   |  | OTHER IDENTIFICATION 8. 1. <i></i> 2. <i></i> 3. <i></i> |  |
| OCCUPATION/POSITION <i>Worked for Hungarian refugee matters</i>  |  | OCC./POS. CODE 9. <i></i>   |  |                                     |                   |                                    |  |  |  |
| CRYPTONYM <i></i>  |  |   |  |                                     | PSEUDONYM <i></i> |                                    |  |  |  |
| SECTION III  |  |   |  |                                     |                   |                                    |  |  |  |
| COUNTRY OF RESIDENCE 10. <i>Austria</i>  |  | ACTION DESK <i>EE/34</i>  |  | SECOND COUNTRY INTEREST 11. <i></i> |                   | THIRD COUNTRY INTEREST 12. <i></i> |  | 12a. <i></i>   |  |
| COMMENTS <i>cit: Austria</i> <b>VERIFIED</b> <i>Residence: Bregenz, Austria</i>  |  |   |  |                                     |                   |                                    |  |  |  |
| PUNCHED  |  |   |  |                                     |                   |                                    |  |  |  |
| CS COPY  |  |   |  |                                     |                   |                                    |  |  |  |
| PERMANENT CHANGE YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>   |  | RESTRICTED FILE YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>             |  | SIGNATURE <i></i>                   |                   |                                    |  |  |  |